



CITY OF LEMON GROVE

APPLICATION FOR APPOINTMENT OF CITY COUNCILMEMBER

Name: _____
(Last) (First) (Middle)

Residence Address: _____

City: _____ Zip Code: _____

Residence Phone: _____ Cell Phone: _____

Email: _____

Resident of Lemon Grove _____ Years Lemon Grove Registered Voter: Yes ____ No ____

If appointed, do you intend to run in the November 2020 election? Yes ____ No ____

Education:

SCHOOL	MAJOR	GRADUATION DATE & DEGREE

Additional Pertinent Courses of Training: _____

Other Pertinent Skills, Experience or Interests: _____

Employment Information:

Present Occupation: _____

APPLICANT'S NAME: _____

Business/Firm Name: _____

Business Address: _____

Work Phone: _____

Responsibilities: _____

Please explain why you want to be appointed to City Council: *A separate sheet may be attached.*

List community activities in which you are involved:

Describe any qualifications, experience, and education, as well as any technical or professional background you may have relative to the duties of this position:

What are your goals in serving as the City Councilmember?

APPLICANT'S NAME: _____

Additional Information: Please provide any additional information you wish covering your qualifications, interest, community/professional organization or training related to this appointment.

Applications **must be hand-delivered** to the City Clerk's Office by: **Thursday, November 21, 2019, by 5:00 p.m.**

I HAVE SUFFICIENT TIME TO DEVOTE TO THIS RESPONSIBILITY AND WILL ATTEND THE REQUIRED MEETING(S) IF I AM APPOINTED. I AM ALSO AWARE THAT THIS APPLICATION IS A PUBLIC DOCUMENT AND IF APPOINTED, I WILL FILE NECESSARY DISCLOSURE DOCUMENTS AND ATTEND ETHICS TRAINING AS REQUIRED BY AB 1234 TRAINING AND SEXUAL HARRASSMENT TRAINING AS REQUIRED BY SB 1343, IN ADDITION TO FILING FORM 700 STATEMENT OF ECONOMIC INTEREST AS REQUIRED BY THE FAIR POLITICAL PRACTICES COMMISSION (FPPC).

PLEASE NOTE: This application becomes public information and may be available on the City's website.

I hereby certify that the information contained in this application and any accompanying documents is true and correct to the best of my knowledge.

SIGNATURE: _____ DATE: _____

Print Name of Applicant: _____

You are encouraged to attach additional pages, enclose a copy of your resume or submit supplemental information which you feel may assist the City Council in the evaluation of your application.

Please complete application and submit to the following address:

*City Clerk's Office
City Hall
3232 Main Street
Lemon Grove CA 91945*

Questions: Schapel@lemongrove.ca.gov